The Malignment of Metaphor

Silos Revisited—Repositories and Sanctuaries for These Times

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The literary device of metaphor is often used to organize sociological work, helping to "make sense" of it to others. Matters of central concern can hinge on well-chosen metaphors that hold keys to illuminating what is meaningful in people's lives.[1] A metaphor can serve as a platform or mediator for change,[2] with the potential of small things to catalyze change for great things.[3] Metaphors, which are really tiny stories, can be powerful and inspirational.

Metaphors, however, privilege one order of "facts" over another. And once entrenched in our discourses, we tend to overlook the philosophical and value commitments within them.[1] A once-apt metaphor can become maligned when stretched beyond its original intent to illustrate, becoming "code" or "jargon" for insiders who use it to license their view.

Public health advocates should be stewards of words as well as of economic resources and scientific integrity. We know the power of words to inform and, conversely, to confuse. Words must be judiciously selected. Our best narratives are those that are clear and relevant to the people we are trying to reach with what we believe to be life-saving messages.

When attempting to communicate within our circle of public health partners, we also need to choose words thoughtfully. Unfortunately, some metaphors have slipped too easily into our discourse, privileging certain views over others. The use of the word "silo" to contrast the "isolation" of fragmented health programs with what the user believes to be preferable integrated approaches is a good example. When *From Silos to Systems: Using Performance Measures to Improve the Public's Health*[4] was released in 2003, its intent was to propel a move from fragmented health programs to integrated systems through the use of improved management practices and the development of a coordinated performance management system. While the performance measures introduced are indeed helping link systems in more effective ways, we suggest that the silo metaphor has been pressed far beyond its original service. In our view, "silo" has become an overused "code" language for criticism of a seemingly singular, isolated, and fractionated focus, which unfairly reduces the inherent complexity and interconnections of a chronic illness and approaches to address it.

No matter how "seamless" systems are (to use yet another popular metaphor), they cannot address the root causes that drive the need for better systems. Seams sewn with care and strong threads promise longer life for a garment. Like the infrastructure given by strong partners and sound frameworks, including the essential public health services,[5] seams provide necessary shape and framing for building effective intervention programs.

While integrated systems, seams intact, are necessary to address complex problems, they are only a part of the solution. It is the complexity of an illness, deeply embedded in socioeconomic determinants, that lies at the root of the need for a systems approach in the first place. A key virtue of integrated systems is that they encourage contextual, interpretive study of complex problems.

Diabetes, for example, is a complex condition in which social, cultural, historical, and physical environments dynamically interact with innate individual attributes to put individuals and whole communities at increased risk. Treating and preventing diabetes is largely about balancing emotional, physical, mental, and spiritual health,[6] and respecting the power of people to do so. It requires that we acknowledge the roots and feeders of the imbalances in complex environments and contexts that have contributed to such high rates in so many communities. Embracing the findings of hope-inspiring studies that confirm that diabetes can be prevented or delayed,[7–9] while respecting ancient knowledge about health—the balance of mental, spiritual, emotional, and physical well-being—are first steps.[6,10] With these perspectives, we can propel our ranks from our current "downstream" position of triaging complications to an "upstream," prevention-focused location[11] where long-sighted interventions could make a difference.

Addressing a particular phenomenon that is robbing a community of its hope and vigor is appropriate. Quilts are sewn, walks are organized,[12] and programs are passionately created and sustained by community members forever affected by their losses from an identified illness. A community that functions as a "unit of iden-

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tity" with concern for its people has the best chance of becoming a "unit of solution," according to noted health promotion pioneer, Guy Steuart.[13] Many such places of identity, in our experience, are American Indian and Alaska Native communities, which have longstanding knowledge of their cultures and histories.

Diabetes is so complex and compelling that it draws people together, dedicated to reducing its devastating impact in their communities. "There's something about diabetes," was a common theme from a case study of the Centers for Disease Control and Prevention state- and territory-based Diabetes Prevention and Control Programs that helped to explain the passion and commitment that program planners and statewide partners invest in the success of their programs.[14]

Our best hopes for moving upstream to diabetes prevention lie in communities supported to use their reservoirs of knowledge about survival to take social action for diabetes prevention among their people.[15] The World Health Organization's Declaration of Alma Ata accepts the community as "the essential voice in matters of health, living conditions, and well being."[16] Community knowledge, given voice, holds the keys to sustaining life in communities. Many communities have carefully stored their knowledge—filled and maintained their silos—with a "long view" toward the future and protection of the people.[17] "For the next seven generations," in indigenous warrior traditions, is a phrase that can serve to remind us of ancient, long-held ways of planning.[18] Such application of indigenous models for public health programs is long overdue.[19] This depth of wisdom is needed in our public health program planning today.

Now, to revisit silos. These late 19th-century creations evolved from American Indian corn cellars. Once trenches embedded in the earth, silos were built upright as circular grain-storage facilities "close to their main barns."[20] They have been safe sanctuaries, repositories of nurturance that can be accessed when needed. They have always been located next to other structures that they support and, in turn, help support them—grain elevators, barns, and other silos. Silos are connected from one field and one town and one community to another by transport vehicles—horses, tractors, or 18-wheelers bearing the sustaining food, ancient memory, and present-day knowledge about how that particular silo cluster provided nurturance during the most challenging of times. In reality, silos are more symbols of cooperation than of isolation.

Not seeing the claimed singularity of silos, we have looked around farming communities again for something more applicable. The only seemingly "isolated" structure in a farming town is a water tower. Would we allow water towers, storing water needed for survival, to become so maligned?

Silos and their cousins, water towers, remind us that, with challenging conditions and almost insurmountable odds, people have survived, using the stored knowledge of their elders, their present-day technology, and the faith that wisdom would sustain them. They are places of sanctuary for essential nutrients that keep us all alive, right at home with the life-saving public health messages that we create with such urgency and care.

Challenging times are with us now, including a pandemic of diabetes ensnaring even young people. Repositories of knowledge and nurturance about traditional ways of health promotion and disease prevention are safely stored in strong, stately silos rising above the fields, which are sentinels for just such a time.

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